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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 10/735,260			ing Date 11/2003	To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)								OTHER THAN SMALL ENTITY OR SMALL ENTITY					
FOR NU			UMBER FI	LED	NUMBER EXTRA			RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)	
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A			N/A		1	N/A		
	SEARCH FEE (37 CFR 1.16(k), (i),	or (m))	N/A		N/A			N/A			N/A		
	EXAMINATION FE (37 CFR 1.16(o), (p),	or (q))	N/A		N/A			N/A			N/A		
	CFR 1.16(i)		minus 20 =					x \$ =		OR	x s =		
	EPENDENT CLAIM CFR 1.16(h))		minus 3 =					x \$ =]	x \$ =		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addi	If the specification and drawin sheets of paper, the application is \$250 (\$125 for small entity) additional 50 sheets or fraction 35 U.S.C. 41(a)(1)(G) and 37			n size fee due for each i thereof. See							
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.18(j))										1			
* If	he difference in col	r "0" in col		TOTAL		J	TOTAL	L					
APPLICATION AS AMENDED - PART II OTHER THAN (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY													
AMENDMENT	12/17/2009	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16(i))	· 17	Minus	 44		= 0		x \$ =		OR	X \$52=	0	
	Independent (37 CFR 1.16(h))	• 2	Minus	•••11		= 0		x \$ =		OR	X \$220=	0	
	Application Size Fee (37 CFR 1.16(s))												
Ĺ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR			
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0	
(Column 1) (Column 2) (Column 3)													
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1,16(1))		Minus					x \$ =		OR	x \$ =		
	Independent (37 CFR 1.16(h))	*	Minus	***				x \$ =		OR	x \$ =		
	Application Size Fee (37 CFR 1.16(s))]			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR			
							•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
**	If the entry in column 1 is less than the entry in column 2, write 0° in column 3. If the "Highest Mumber Proviously Paid For IN THIS SPACE is less than 30, enter "20". If the "Highest Number Proviously Paid For IN THIS SPACE is less than 3, enter "20". If the "Highest Number Proviously Paid For IN THIS SPACE is less than 3, enter "20". If the "Highest Number Proviously Paid For IN THIS SPACE is less than 3, enter "20". If the "Highest Number Proviously Paid For IN THIS SPACE is less than 3, enter "20". If the "Highest Number Proviously Paid For IN THIS SPACE is less than 3, enter "20". If the "Highest Number Proviously Paid For IN THIS SPACE is less than 3, enter "20". If the "Highest Number Proviously Paid For IN THIS SPACE is less than 3, enter "20". If the "Highest Number Proviously Paid For IN THIS SPACE is less than 3, enter "20". If the "Highest Number Proviously Paid For IN THIS SPACE is less than 3, enter "20". If the "Highest Number Proviously Paid For IN THIS SPACE is less than 3, enter "20". If the "Highest Number Proviously Paid For IN THIS SPACE is less than 3, enter "20". If the "Highest Number Proviously Paid For IN THIS SPACE is less than 3, enter "20". If the "Highest Number Proviously Paid For IN THIS SPACE is less than 3, enter "20". If the "Highest Number Proviously Paid For IN THIS SPACE is less than 3, enter "20". If the "Highest Number Proviously Paid For IN THIS SPACE is less than 3, enter "20". If the "Highest Number Proviously Paid For IN THIS SPACE is less than 3, enter "20". If the "Highest Number Proviously Paid For IN THIS SPACE is less than 3, enter "20". If the "Highest Number Proviously Paid For IN THIS SPACE is less than 3, enter "20". If the "Highest Number Proviously Paid For IN THIS SPACE is less than 3, enter "20". If the "Highest Number Proviously Paid For IN THIS SPACE is less than 3, enter "20". If the "Highest Number Proviously Paid For IN THIS SPACE is less than 3, enter "20". If the "Highest Number Proviously Paid For IN THIS SPACE is less than												

The considerance of information is required by 37 CER. 1.16. The information is required to obtain or retain a based by the public which his lost life light by the USFTO to improve the public state in the public which his life properties of the public which his lost properties a properties of the public which his lost properties a model in patients of the public which is lost properties a model in patients of the public which is public which is lost properties and submitting the completed application form to the USFTO. Time well vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or Seggestions for reducing this burden, should be sent to the CERT information Office. U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 2213-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Mexandria, VA 22313-1450.